



# NEUROPSYCHOLOGY AND COGNITIVE HEALTH

1808 Richards Road, Suite 120  
Bellevue, WA 98005  
(425) 502-8341

*Confidential Evaluation: This report is not to be released without the written consent of the patient.*

## FOLLOW-UP FORENSIC NEUROPSYCHOLOGICAL EVALUATION

**Client's Name:** Brad Norman  
**Age:** 61 years  
**Handedness:** Right

**Date of Birth:** [REDACTED]  
**Education:** 12 years

**Date of Current Evaluation:** 01/20/2020

**Date of Initial Evaluation:** 09/10/2018

**Date of Loss:** 02/03/2017

**Neuropsychologist:** Martha Glisky, Ph.D., ABPP-Cn

### REASON FOR REFERRAL:

**Referral Question:** Mr. Norman was referred by his attorney, Ms. Sunshine Bradshaw for a follow-up neuropsychological evaluation in relation to a motor vehicle collision (MVC) that occurred on 02/03/2017. Mr. Norman had a previous neuropsychological evaluation with this examiner on 09/10/2018 at the request of his attorney at that time, Mr. Richard McMenamin, from the McMenamin and McMenamin Attorneys at Law.

### BACKGROUND AND HISTORY:

The history was obtained through a follow-up interview with Mr. Norman on 01/20/2020. In addition, his previous evaluation included a client history information questionnaire, an interview with his spouse, and medical records. His previous evaluation was reviewed and the scores from the two evaluations will be compared.

### Precipitating Event and Presenting Concerns (Based on interview):

As per the 2018 evaluation:

*Mr. Norman indicated that on 02/03/2017 he was the restrained driver of his vehicle traveling east on Highway 101, back from doing some work in Forks, Washington. He reported that he was on a mile-long grade and at the bottom the road turned to the right. Apparently, a car coming the other direction came into*

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his lane. He reported that his memory included a few seconds before the impact, seeing the car in front of him with a split second of disbelief. He remembered briefly thinking that he should not hang onto the wheel too tight. Then it was "lights out." He reported that he blacked out for a short period of time, he is unsure how long, but then recalls feeling instant pain. He had a coworker in his passenger front seat and his next memory of asking the coworker if he was okay. He recalled feeling as if in a "black state of awareness," and he thought he was dead. He "woke up" and realized he was not dead. It took him a few minutes to think about what to do and he talked to his coworker about making sure that neither move quickly because they may have injuries. He reported that he took about five minutes to get out of his truck and recalls feeling a lot of discomfort but not necessarily pain. He also felt shook up, knowing that he had been through something. He felt that his thinking was "foggy", and he was a little out of it and slower to process information. He was not disoriented in the sense that he knew where he was. When he looks back on it, he realized he did not initially go over to the other car or worry about the other driver, which is very unlike him. After about 10 minutes, others stopped and helped the other driver and he recalled seeing her walking and knowing she was okay. There was snow and ice on the road and later when he examined her car, he realized that her front tires were new, but the back were bald and that it was likely a traction problem for her that caused her to skid.

A Ranger car was the first on the scene followed by an emergency medical services truck. It apparently was a busy day and the EMTs briefly checked to make sure they were okay and without examining them left to take other calls.

Following the MVC, Mr. Norman noticed immediately that he was not remembering things or thinking clearly. However, he waited somewhere between a few days to one week to seek medical attention. He eventually went to the emergency department and was put through a number of tests including a brain scan. He indicated that this was normal and there was no bleeding. His main concern at that time was that he was not thinking well. He was given a printout indicating that it could be 90 to 180 days for problems to continue. When he continued to experience problems after 90 days he went back, and they told him to wait another 90 days. He saw a chiropractor who referred him to a neurologist due to his continued cognitive concerns. He saw Dr. Rubenstein, who told him that there was not much that could be done, and that he may or may not get better. He said that he could see a speech language pathologist, but he was unsure why since his speech was not problematic.

### **Ongoing Complaints and Symptoms:**

Mr. Norman indicated that in general he is "thankful to be here" and appreciates that he has a wonderful wife and that he enjoys work and the guys he works with. However, he followed by stating that he is "dealing with stuff that is a nightmare".

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He reported that he has tried to be patient but has been dealing with his ongoing concerns for three years and feels that he is still battling to try to get back to who he used to be. He reported that he continues to feel frustrated more easily and this leads to him being more "snappy". He indicated that simple things cause him frustration. He gave an example of receiving a call from work followed by a text. As he pursued the text message, he completely forgot about the call that he had just received. He reported that he experiences things like this daily. He is very easily taken off task if interrupted by anything. He forgets his intention easily, and frequently cannot find things he is looking for. He reported that "I feel like I'm an idiot and I know I am not, but I wouldn't hire me now." He feels that these cognitive symptoms may have become slightly worse over time but are just more noticeable to him because there are less people sensitive to it and helping him. People have "moved on" and he has to navigate his difficulties on his own more now. He uses some compensatory strategies such as posting big notes and reminders on his refrigerator to help make sure he does not miss appointments or other important things.

Mr. Norman also reported that he recently made a cognitive error that really scared him. He forgot a safety step in a procedure. There were no consequences, but he realized that he could have been hurt or could have caused injury to others, which really concerned him. He indicated that he had never forgotten a procedure before and that he has felt that his 40 years on this job had ingrained in him these procedures. He has more difficulty typically with the "simple things" in relation to work such as scheduling, billing, and payroll. He will do it and the next day be unsure whether he did everything he needed to. He will then go back and check to make sure everything was done. He provided another example of taking a phone call to provide an estimate for someone. He made notes and took pictures, and then forgot about it. A week later he came upon it, but by the time he called the potential client back, the client indicated that he had moved on because he had not heard back. He reported that he forgets dozens of things everyday until something triggers his memory for it. His wife is also aware of his memory difficulties and is one of his biggest helpers. She will call and remind him about things regularly.

Physically, Mr. Norman indicated that he is doing okay. He reported that he is "an old guy doing a young guy's job". He experiences some general wear and tear and relies on a helper at work a lot more for the heavier things. He does feel more tired and worn out than he used to. He now needs the weekends to recuperate if he works a full week. He does not blame this on the MVC. He reported that his sleep is "terrible". He wakes up regularly and typically does not sleep longer than two hours at a stretch. When he wakes up, he may wonder if he forgot something related to work. He does not get overly consumed with it, but it will take him about 30 minutes to fall back to sleep.

Emotionally, Mr. Norman reported that his mood is up and down. When he recognizes that he made some type of cognitive error, he will often swear at himself and get down. But he is able to "get back on the horse" and move on. This may take five minutes, or it may take five hours. He reported making work related mistakes "pretty demoralizing"

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sometimes. He also indicated that he knows there is "good stuff" as well including his wife and children. He also enjoys most aspects of working and plans to continue to work as long as he can. He did express some worry about continuing to be safe driving vehicles long distances and operating his boat. He reported that he decided that he should not try to return to flying again.

He expressed significant distress following the previous neuropsychological evaluation. He felt that he did poorly and was presented with increased awareness of his difficulties after struggling on some of the measures. He reported that he and his wife cried in the truck afterwards about it. However, he resolved not to let it devastate him in the long run and reported that he has not felt that badly since.

### **Other Relevant Past History:**

His history is detailed in the previous report. He denied any additional medical problems or diagnoses since the previous evaluation.

Briefly, to summarize the information from the previous report, Mr. Norman indicated no significant medical problems other than some physical wear and tear on his knees. He reported one previous potential concussion that occurred in 1973 from a motorcycle accident.

Mr. Norman is a high school graduate and denied any difficulties in school. He has worked in the concrete cutting and demolition business for the past 41 years. He has owned his own business since 1993 and runs all of the business aspects himself. In the past, he also owned a restaurant, which he closed in 2011.

Mr. Norman currently lives with his wife of more than ten years. He has three grown children from a previous marriage. All are healthy and doing well.

### **BEHAVIORAL OBSERVATIONS:**

Mr. Norman arrived on time and alone to his appointment. He drove himself to and from the appointment. His wife did not accompany him this time, as she was ill. He was dressed and groomed neatly and appropriately in casual attire. Rapport was easily re-established, and he was friendly and cooperative throughout. His overall mood appeared euthymic with a normal and appropriate range of affect observed. He indicated that he felt very badly after the previous evaluation, and that he was resolved not to feel that way this time.

The testing was administered primarily by a psychometrist and was completed across a single day of testing. He was able to adequately attend, understand directions, and work at a reasonable pace. The testing was completed in three hours (after the interview) and he tolerated it well.

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**SUMMARY OF FINDINGS:**

*The following is a brief summary and qualitative interpretation of test scores in the context of clinical observation and history. The results are based on normative data, allowing comparisons to individuals of the same age. A visual graph of the results appears as an appendix to this report. On this graph, the horizontal midline represents the 50<sup>th</sup> percentile or average level of functioning. The data from the previous evaluation in 2018 is also included on this graph for comparison.*

**Measures Administered:**

- Beck Anxiety Inventory
- Beck Depression Inventory-II
- Benton Judgment of Line Orientation
- California Verbal Learning Test-2 (Alternate form)
- Delis-Kaplan Executive Functioning Systems (Sorting test)
- Green's Word Memory Test
- NAB Numbers and Letters Test (Form 2)
- Paced Auditory Serial Addition Test
- Taylor Complex Figure Test
- Wechsler Adult Intelligence Scale-IV (WAIS-IV; selected subtests)
- Wechsler Memory Scale-IV (WMS-IV; selected subtests)

**Effort, Motivation and Validity of Obtained Results:** Mr. Norman appeared to put forth good effort throughout the evaluation. He performed within normal limits on all formal and embedded measures of effort, motivation, and performance validity. He met validity standards.

**Premorbid Ability and Current Intellectual Functioning:** On the previous evaluation, Mr. Norman scored in the High Average range on a single word reading test, one measure of premorbid ability (TOPF = 79<sup>th</sup> percentile). On the 2018 evaluation, his Full Scale IQ and General Ability Index scores were in the Superior range (FSIQ = 91<sup>st</sup> percentile, GAI = 93<sup>rd</sup> percentile), with his Verbal Comprehension Index and his Perceptual Reasoning Index in the High Average range (VCI = 88<sup>th</sup> percentile, PRI = 90<sup>th</sup> percentile). These full measures were not repeated.

**Attention/Concentration and Working Memory:** Mr. Norman was able to sustain his attention adequately throughout the evaluation. On the 2018 evaluation, his auditory working memory abilities were in the Superior range (WMI = 95<sup>th</sup> percentile), and these measures were not repeated.

A measure of visual attentional speed and efficiency was administered on both evaluations, with an alternate form on the current evaluation. He showed some slight improvements in 2020 compared to 2018. His overall attentional speed was very similar on both evaluations and in the Average range (2020 NAB Part A Speed = 69<sup>th</sup>; 2018 =

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66<sup>th</sup> percentile), but he made fewer attentional omission errors in 2020 (2020 NAB Part A Errors = 84<sup>th</sup>; 2018 = 34<sup>th</sup> percentile). His other attentional efficiency measures were similar but slightly improved in 2020 and within the Average to Above Average range on both evaluations (2020 Part A to Part D Efficiency = 62<sup>nd</sup> to 95<sup>th</sup> percentiles; 2018 = 42<sup>nd</sup> to 86<sup>th</sup> percentile). He continued to have more difficulties on a divided attention component of the task, but also showed slight improvement (2020 Part D Disruption = 27<sup>th</sup>; 2018 = 10<sup>th</sup> percentile).

On a complex measure of divided and sustained auditory attention, he also showed some improvements into the Average range at both the slower and faster speeds (2020 PASAT 3' = 66<sup>th</sup> percentile, 2018 = 20<sup>th</sup> percentile, 2020 2' = 62<sup>nd</sup> percentile; 2018 = 30<sup>th</sup> percentile).

**Processing Speed:** On an overall measure of processing speed, Mr. Norman's score remained in the Average range, which is below expectation given his other intellectual abilities, but he showed a slight improvement (2020 PSI = 69<sup>th</sup> percentile; 2018 = 50<sup>th</sup> percentile). On the previous evaluation, he showed intact performances on other speeded measures and these were not repeated (2018 Trail Making Part A = 83<sup>rd</sup> percentile; Trail Making Part B = 80<sup>th</sup> percentile; DKEFS Color Naming = 95<sup>th</sup> percentile, Word Reading = 91<sup>st</sup> percentile).

**Learning and Memory:** Mr. Norman's learning and memory for auditory information remained notably below expectation with his overall Auditory Memory Index still in the Low Average range (2020 AMI = 21<sup>st</sup>; 2018 = 16<sup>th</sup> percentile). He showed a slight improvement on the initial trial of a story recall task (2020 Logical Memory I = 25<sup>th</sup>; 2018 = 9<sup>th</sup> percentile), with a similar Low Average performance on the delayed recall portion (2020 and 2018 Logical Memory II = 16<sup>th</sup> percentile). His performance on a list learning task (alternate form) was unchanged and remained below expectation for the initial trial and total learning (2020 and 2018 CVLT-2 Trial 1 = 31<sup>st</sup> percentile; 2020 and 2018 -2 Total = 21<sup>st</sup> percentile). He continued to retain the information learned, with both short and long delay recalls also at the 31<sup>st</sup> percentile on both evaluations. His recognition memory for the information remained below expectation, but slightly improved in 2020 (2020 Recognition Memory = 2<sup>nd</sup>; 2018 = < 1<sup>st</sup> percentile).

He performed better on an alternate form of a visual memory task than he did in 2018. He was able to recall the figure well after both a short and longer delay on the current evaluation, improving from an impaired performance in 2018 into the High Average range in 2020 (2020 Taylor Figure Immediate = 73<sup>rd</sup> percentile; 2018 Rey Figure = 8<sup>th</sup> percentile; 2020 Taylor Delayed = 86<sup>th</sup> percentile; 2018 Rey Complex Figure Delay = 3<sup>rd</sup> percentile).

**Visuospatial/Perceptual Functioning:** On the previous evaluation, Mr. Norman scored in the High Average range on overall Perceptual Reasoning Index. This was not repeated. However, one subtest, which was his weakest performance in 2018 (Block Design) was repeated and he scored slightly lower on the current evaluation (2020

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Block Design = 25<sup>th</sup> percentile; 2018 = 50<sup>th</sup> percentile). His ability to judge the distance and orientation of line segments improved into the High Average range on the current evaluation (2020 JLO = 72<sup>nd</sup> percentile; 2018 = 40<sup>th</sup> percentile). His ability to copy a complex geometric figure was also improved from an impaired performance in 2018 into the Average range on 2020 (2020 Taylor Figure Copy = 42<sup>nd</sup> percentile; 2018 Rey Figure = < 1<sup>st</sup> percentile).

**Speech and Language:** On the previous evaluation, Mr. Norman scored very well on measures of language and verbal fluency and these were not repeated (2018 BNT = 60/60; 2018 COWAT = 99<sup>th</sup> percentile; 2018 Category Fluency = 96<sup>th</sup> percentile).

**Executive Functions/Problem Solving:** On the 2018 evaluation, Mr. Norman scored within normal limits on all measures of executive functioning that were administered including cognitive flexibility (Trails B = 80<sup>th</sup> percentile) inhibition, and inhibition/switching (DKEFS Inhibition and Inhibition/Switching = 91<sup>st</sup> percentile), and higher-level abstract reasoning and problem-solving (Category Test = 54<sup>th</sup> percentile). These were not repeated. In 2018, he did show some difficulty with visual planning and organization on a geometric drawing task (Rey Complex Figure = < 1<sup>st</sup> percentile). An alternate form was administered on the current evaluation and he scored within normal limits (2020 Taylor Figure = 42<sup>nd</sup> percentile). An additional problem solving task was also administered in 2020 and he performed in the Average range on all subtests (DKEFS Sorting = 75<sup>th</sup> percentile).

**Motor/Sensory Functions:** Mr. Norman's overall fine motor speed and dexterity was at least Average bilaterally (Grooved Pegboard RH = 77<sup>th</sup> percentile, LH = 72<sup>nd</sup> percentile).

**Psychological/Personality Functioning:** Mr. Norman completed the Beck Anxiety Inventory (BAI) and Beck Depression Inventory-2 (BDI-2), self-report measures of anxiety and depression respectively on both evaluations. On the previous evaluation, he scored in the normal range on both measures. On the current evaluation, he reported more symptoms of depression and scored in the Mildly Depressed range and continued to deny any significant symptoms of anxiety. On the BDI-II he reported some discouragement and loss of interest, as well as increased fatigue and sleep difficulties.

### **SUMMARY and DIAGNOSTIC FORMULATION:**

Mr. Norman is a 61-year-old male who was involved in a motor vehicle collision on 02/03/2017 that resulted in significant damage to both vehicles. Mr. Norman believes he lost consciousness briefly, with a blank spot in his memory, and was also dazed and disoriented following the collision. He was diagnosed with a concussive brain injury and has had some continued cognitive concerns. A previous neuropsychological evaluation was conducted on 09/10/18 and found evidences of some ongoing cognitive difficulties primarily in the area of attention and memory, in the context of high premorbid cognitive abilities. The current evaluation was requested to determine whether there has been

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any improvement over time and the nature and degree of any residual difficulties.

Mr. Norman's premorbid abilities and intellectual abilities were found to be in the High Average to Superior range (>80<sup>th</sup> percentile) on the previous evaluation. He showed improvements on some of the measures since the 2018 evaluation, but several areas of weakness remained. The following summarizes the findings:

- **Memory and Learning:** On the 2018 evaluation, memory and learning were the area of most significant difficulty. On the current evaluation, he showed improvement on a measure of visual incidental learning, perhaps in part due to practice effects (delayed recall improved from 3<sup>rd</sup> to 86<sup>th</sup> percentile). However, he continued to show difficulties on measures of auditory learning and memory. His overall Auditory Memory Index remained in the Low Average range (21<sup>st</sup> percentile). This included continued reduced performance on a story memory task and list learning task.
- **Attention:** On the current evaluation, he made fewer attentional errors on a visual attention task and showed a slight improvement on both auditory and visual divided attention tasks, although his performance remained below expectation especially on the visual divided attention task (27<sup>th</sup> percentile).
- **Visual Spatial Functioning:** Mr. Norman showed significant improvements on visual spatial measures including both visual spatial judgment (from 40<sup>th</sup> – 72<sup>nd</sup> percentile) and on a visual organization and planning task (from 1<sup>st</sup> to 42<sup>nd</sup> percentile).
- **Psychological and Emotional Functioning:** Mr. Norman is reporting a slight increase in his symptoms of depression, with a mild degree of depression endorsed. There was no evidence of significant anxiety.

At this time, Mr. Norman continues to reach criteria for a diagnosis of Mild Neurocognitive Disorder due to traumatic brain injury (DSM-5 331.83). He continues to have reductions in attention and memory on formal testing and continues to report evidence of these symptoms in his daily life. He also meets criteria for an Unspecified Adjustment Disorder (DSM-5 309.9), with primarily symptoms of frustration and depressed mood associated with his ongoing cognitive difficulties.

Based on the current and previous neuropsychological evaluations, including the records reviewed, Mr. Norman suffered from a mild traumatic brain injury/concussive brain injury in the MVC that occurred on 02/03/17. As a result, he has had the continue symptoms and diagnoses listed above. These were caused by the 02/03/2017 MVC on a more probable than not basis.

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### **PROGNOSIS and IMPACT on FUNCTIONING**

Mr. Norman is now almost three years post-MVC. He showed some additional cognitive recovery over the past year 16 months but is left with some residual cognitive and emotional changes. At this time, his symptoms are likely fixed and stable from a neurocognitive perspective. He has been able to continue to work but has implemented some accommodations and his work is not up to his previous level. He will have to continue to use these accommodations and make adjustments accordingly in his daily and occupational functioning.

### **RECOMMENDATIONS**

Based on the results of this evaluation, the following recommendations are offered:

1. Medical Follow-up: Mr. Norman should continue to follow-up with medical providers as needed for any remaining physical symptoms, although these have mostly resolved.
2. Cognitive Remediation: Mr. Norman has been able to successfully implement many of his own strategies and accommodations. Some sessions of cognitive remediation therapy should remain available to him if he would like any assistance with this in the future.
3. Psychological Functioning: Although Mr. Norman is doing fairly well from a psychological perspective, he has experienced some ongoing adjustment and mild mood changes in response to this MVC. Psychotherapy services should be available to him as needed.
4. Neuropsychological Follow-up: A follow-up neuropsychological evaluation is not likely needed in relation to his current functioning, as he is fixed and stable. However, an additional evaluation should remain available to him in the future in case any additional concerns arise.

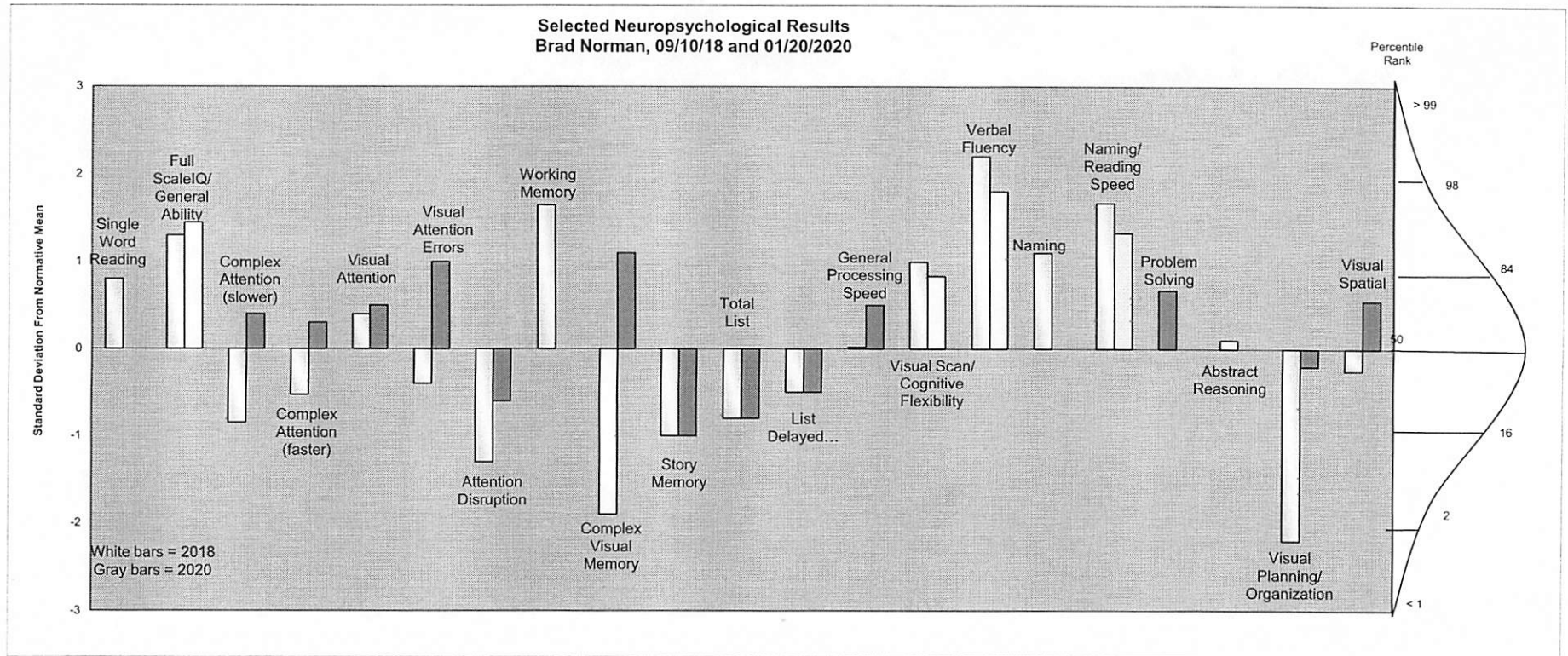
Thank you for the opportunity to participate in this evaluation. The above opinions are based on the information available at the time of this evaluation. I reserve the right to alter my opinions and case formulation if additional information becomes available in the future.

*Martha Glisky, Ph.D. ABPP-CN*

Martha Glisky, PhD., ABPP-CN  
Licensed Clinical Psychologist  
Board Certified in Clinical Neuropsychology

*Visual graph attached.*

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# NEUROPSYCHOLOGY & COGNITIVE HEALTH

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## FAX:

<b>To:</b> Sunshine Bradshaw	<b>From:</b> Dr. Glisky
<b>Fax:</b> 360-397-0406	<b>Pages:</b> 12 (including cover)
<b>Phone:</b>	<b>Date:</b> 5/21/20
<b>Re:</b> B. Norman final report and final billing	<b>CC:</b>

☐ **Urgent**    ☐ **For Review**    ☐ **Please Comment**    ☐ **Please Reply**    ☐ **Please Recycle**

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● **Comments:**

Thank you!

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## Neuropsychology &amp; Cognitive Health

1808 Richards Rd  
Suite 120  
Bellevue, WA 98005

**Invoice**

Date	Invoice #
5/18/2020	311

<b>Bill To</b>
Warrior Woman Law, PLLC 3965 Bethel Rd SE, Suite 1 #302 Port Orchard, WA 98366

Patient Name	Terms
Brad Norman	Due on receipt

Date of Service	Description	Quantity	Rate	Amount
1/20/2020	Brief Forensic Repeat Neuropsychological Evaluation (including Interview, testing, interpretation time, report writing & record review	1	3,600.00	3,600.00
12/12/2019	Deposit for Forensic Evaluation		-2,000.00	-2,000.00
			<b>Total</b>	<b>\$1,600.00</b>

Tax Id:27-3390260; please call 425-502-8341 if you have any questions. Thank you!

<b>Payments/Credits</b>	<b>\$0.00</b>
<b>Customer Total Balance</b>	<b>\$1,600.00</b>

1/20/20 Brad Norman

9<sup>00</sup>-9<sup>45</sup>

-drove here Tue  
a.m. - ~ 3 hrs  
arrived

In general

- thankful to be here
- wonderful wife
- enjoy work + guys

But dealing w/ stuff that is  
a nightmare

Understand that since 3 yrs

- being patient  
but still watching process  
of own life + what's happening  
in side me

- real battle b/c still  
not who I used to be

so of frust<sup>n</sup> - not angry - that  
leads to an unpleasant

Our terms - snappy

- trying to catch self - not  
want to do

Simple things - got call for work

then another text + had to  
scroll in + forgot about the



1<sup>st</sup> - call - fight that everyday  
Easily taken off task & interrupted  
- forget intention  
- can't find it - strange  
causes

Feel like I'm an idiot &  
I know I'm not +  
"I wouldn't hire me" before  
I would have"

- v. challenging

Feels like maybe slightly  
worse

- slow progression of  
deficiency

"a tad worse" - dk why

↳ may be in beginning  
there were more ppl sensitive to  
problem around me - life goes on,  
so maybe on my own more -



2

navi gate through problem  
myself more  
- ppl have moved on  
- I get it but might  
be why

Fridge - notes on it so I  
look @ everyday  
- big print like Kindergarten  
"ATPT - 1/20 - Dr Blisky"

## Work

Physically - holding own  
- old guy doing young guys  
job

Mentally - made error - scared  
me  
- forgot a safety step  
in a procedure  
- couldn't get hurt or hurt anyone



NEVER forget procedure B-Y

Have historical knowledge on job  
b/c 40 yrs - ingrained in me  
so dr

Simple Thup

Schedule, billing, payroll

- do it → then ask self next day  
if did all (4 or 5) → go back &  
check

- never an issue B-Y.

Forget dozens of Thup everyday  
until st. causes to harm

- one step forward - 2 steps back

Wife would say?

~ get more frustrated  
not as happy maybe

- memory → she's one of biggest  
helpers.



(3)

She will call & constantly  
reminding him about  
daily things

helps notices things & tries to

can  
call

Julie : 360-461-7583

— shes sick so didnt come  
today

Mood - good / bad / good / bad  
up + down

When re cog just did st again,  
will swear @ self & get  
down

— get back on horse  
whether 5 min or 5 hr  
problem.

ie: ph. call for estimate  
— lengthy — needed to  
look @ it, took pics, made  
notes, then went thru



1/20 day, week later, sorry  
I thought + saw it &  
didn't give him #

Called back - guys said  
"didn't hear back, sent  
to someone else"

- pretty demanding  
- \$55K - not end of work  
but enough  
of that happens  
& clients + crew will  
lose faith + won't  
have a business

Good stuff - good rel'ships w/ wife  
+ kids

Dtr grad law school soon

Lots of sweetness in life.

No intent of retiring - wish to  
stay working as long as can

Want to open restaurant but worried



(4)

Get asked all the time to  
re-open - it was fun  
questioning it

Thought abt flyng again +  
realized can't do it  
b/c of all checks  
- can't do it

Nervous abt boat - 30 fter  
- a lot going on esp. in  
remote waters -

- questioning procedure +  
process abt things on boat

- not happy w/ it up yet but  
wonder if should keep it  
→ don't want to but if safe

- thinking abt getting rid of  
big boat

- OK in small boat  
pulling

Feel safe driving vehicle  
↳ longer distance  
than car



Get through but lots of  
obstacles +  
less confidence

Physical

just normal stuff

of meds, of old injuries

just wear + tear from work

- use helpers a lot for v.  
heavy things

tired + worn out - now  
need Sat / Sun to recuperate.

✓ - used to be more able  
- just time caught  
up w/ him  
- don't blame on  
me.

Work M-F



Woke up again - move to go to

fall back in 30 min

shut gate, fill up truck

if forget st - ie "dolt"

Woke up + wonder

- 2 hours @ a stretch

- Woke up constantly

Sleep - terrible

been doing 11 hrs a

for can physical - just  
ble work together

No tx

few - couple wks ago  
(rescue)

any new med dx



Don't worry or get consumed  
by it

Just wonder - what did  
I forget - Thanks my work.

Depos<sup>e</sup>

- Name Julie Anne

- mis-spelled Ann

- had ~~big~~ boat named  
that

- wife - teared up - so  
really felt badly b/c  
know I hurt her

After eval<sup>e</sup> last time

- walked out ready to  
end it b/c she showed how  
poorly I did.

~ both cried in trust

- went & got drunk &  
they stayed in hotel.

~ wake up - won't let it  
devastated me long term

- haven't felt that way since but



6

that experience revealed  
how incapable I  
was

— tore me up  
— shitty day

Test hunt most

→ verbal list of items  
abt 2 digit stories

+ key words — which  
story were they from  
40-50 words

— realized that  
couldn't recall them  
easily

→ knew did well  
on recognition  
but w/o trigger can't  
recall it.

Prepared today

— You're going to ruin  
my day — but I am ready

— You're not going to today,  
understand me



②

eg. Did I put  
on on brake  
(did it PM)



Noridian Healthcare Solutions, LLC  
P.O. Box 6713  
Fargo, ND 58108-6713

320031190\_300000263

MEDICARE  
REMITTANCE  
ADVICE

1-877-908-8431

Return Service Requested



1 of 1 F

ENV8135

8135 1 AB 0.416

AUTOALL FOR AADC 980

MARTHA L. GLISKY PHD  
23819 SE 44TH CT  
SAMMAMISH, WA 98029-6523

NPI: 1992872139  
PAGE #: 1 of 1  
DATE: 04/14/20  
CHECK/EFT #: 320031190

Save time and money and get more detailed information by receiving the Electronic Remittance Advice (ERA) also known as the 835 (5010) Payment Advice. The ERA is a notice of payments and adjustments sent to providers, billers and suppliers and explains the reimbursement decisions of the payer. Go to <http://www.edissweb.com/> to learn how to register for ERA.

PERF	PROV	SERV DATE	POS	NQS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	TALBOT, MARY			MID 7J27H71TW47	ACNT 1184					ICN 1120100113070	ASG Y MOA N257 N704	
	0709	070919	11	1.0	96116		300.00	0.00	0.00	0.00 CO-16	300.00	0.00
REM: N257	N704											
	0709	070919	11	1.0	96136		150.00	0.00	0.00	0.00 CO-16	150.00	0.00
REM: N257	N704											
	0709	070919	11	1.0	96137 59		750.00	0.00	0.00	0.00 CO-16	750.00	0.00
REM: N257	N704											
	0709	070919	11	1.0	96132		300.00	0.00	0.00	0.00 CO-16	300.00	0.00
REM: N257	N704											
	0709	070919	11	1.0	96133 59		300.00	0.00	0.00	0.00 CO-16	300.00	0.00
REM: N257	N704											
PT RESP	0.00											
					CLAIM TOTALS		1800.00	0.00	0.00	0.00	1800.00 NET	0.00 0.00
TOTALS:	# OF CLAIMS			BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT	
	1			1800.00	0.00	0.00	0.00	1800.00	0.00	0.00	0.00	

## GLOSSARY: Group, Reason, MOA, Remark and Adjustment Codes

CO Contractual Obligation. Amount for which the provider is financially liable. The patient may not be billed for this amount.

16 Claim/service lacks information or has submission/billing error(s). Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

N257 Missing/incomplete/invalid billing provider/supplier primary identifier.

N704 Alert: You may not appeal this decision but can resubmit this claim/service with corrected information if warranted.



CASH ONLY IF ALL CheckLock™ SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING

**Joint Costs Account**  
569 Division Street, Suite D  
Port Orchard, WA 98366  
(360) 550-5276  
(360) 895-1555

Kitsap Bank  
98-290/1251

07/23/2020

PAY TO THE  
ORDER OF Neuropsychology and Cognitive Health

\$ \*\*1,600.00

One thousand six hundred and 00/100\*\*\*\*\* DOLLARS

PROTECTED AGAINST FRAUD

Neuropsychology and Cognitive Health

MEMO

*Suresh M. B. Singh*

MP

05/21/2020 4:33 PM FAX 4255028731

NEUROPSYCHOLOGY

0002/0012

## Neuropsychology &amp; Cognitive Health

1808 Richards Rd  
Suite 120  
Bellevue, WA 98005

## Invoice

Date	Invoice #
5/18/2020	311

<b>Bill To</b>
Warrior Woman Law, PLLC 3965 Bethel Rd SE, Suite 1 #302 Port Orchard, WA 98366

Patient Name	Terms
Brad Norman	Due on receipt

Date of Service	Description	Quantity	Rate	Amount
1/20/2020	Brief Forensic Repeat Neuropsychological Evaluation (including Interview, testing, interpretation time, report writing & record review	1	3,600.00	3,600.00
12/12/2019	Deposit for Forensic Evaluation		-2,000.00	-2,000.00
<b>Total</b>				\$1,600.00

Tux Id:27-3390260; please call 425-502-8341 if you have any questions. Thank you!

Payments/Credits	\$0.00
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Customer Total Balance	\$1,600.00
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# Sun in Bay

DOLLARS



## WARRIOR WOMAN LAW, PLLC

3965 BETHEL RD. SE, SUITE 1-302  
PORT ORCHARD, WA 98366  
TEL: (360) 550-5276 • (206) 790-6292  
FAX: (360) 397-0406  
SUNSHINE@WARRIORWOMANLAW.COM

December 12, 2019

Martha Glisky, PhD  
Neuropsychology and Cognitive Health  
1808 Richards Rd., Suite 120  
Bellevue, WA 98005

Re: Norman, Brad / Payment for Follow-up Evaluation and Deposition Deposit

Dear Dr. Glisky:

Enclosed, please find check number 1102 in the amount of \$4,500.00 (\$2,000 for payment of January 6, 2020 follow-up evaluation of Brad Norman plus \$2,500 for the deposit for your February 27, 2020 deposition).

We will forward you a copy of the Notice of Deposition soon.

Please contact us should you have any questions or concerns.

Sincerely,

Cherise Seibert,  
Assistant to *Sunshine M. Bradshaw*  
Attorney at Law

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DECLASSIFICATION AUTHORITY

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**NEUROPSYCHOLOGY & COGNITIVE HEALTH**

1808 Richards Rd., Suite 120 • Bellevue WA 98005 • Phone: 502-8341

**Initial Date of Contact to schedule:** \_\_\_\_\_ by Phone OR Email

**Provider:** MG

**Patient Name** Brad Norman **Date Scheduled:** 1/6/20 @ 10.30 am

**Date of Birth:** [REDACTED] selective testing + interview

**Preferred Phone Number:** 360-550-5276

**Primary Person of Contact:** Cherise Seibert (assistant)

**Reminder Call/Email:** \_\_\_\_\_

**Referring doctor/attorney:** Shirshine Bradshaw

**Clinical or Legal Case:** Legal

**Date of Injury or Onset:** \_\_\_\_\_

**Primary Concerns/Reason or testing:** \_\_\_\_\_

**Previous NP?** yes **Completed By:** Glisky - 2016

**Is English their primary language? Yes:** 8 **No:** \_\_\_\_\_

**Insurance:**

**Subscriber Name/DOB:** \_\_\_\_\_

**ID #:** \_\_\_\_\_ **Group #:** \_\_\_\_\_

☐ **Paperwork Sent:** Email OR Mail

o **Date Sent:** \_\_\_\_\_

☐ **Clinical Referral/Records Received:**

o **Date Received :** \_\_\_\_\_

☐ **Legal Case Records Received:** Email OR Mail

o **Date Received:** \_\_\_\_\_

☒ **Pre-pay for Legal Case Received:** yes

8 **Date Received:** 12/12/19

**Billing Codes:** 96116 – Neurobehavioral Status exam (per hour)  
96138 - 1<sup>st</sup> 30 min-Psychometrist  
96139- each add'l 30 mins Psychometrist including scoring  
96132 – 1<sup>st</sup> hour- Prof. Neuropsychological interpretation, feedback and writing  
96133- each add'l hour-Prof Neuropsychological interpretation, feedback and writing  
96136- 1<sup>st</sup> 30 min- Prof. testing  
96137- each add'l 30 mins Prof. testing  
90834/90837 – Psychotherapy



**Report Send Log**

<b>Provider/Client</b>	<b>Method</b>	<b>Date Sent</b>
	Email /Fax / Mail	
	Email / Fax / Mail	
	Email / Fax / Mail	
	Email / Fax / Mail	

<b>Date</b>	<b>Time</b>	<b>Notes</b>

**Clinician Telephone Log**





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**MARTHA L. GLISKY, P.H.D.**  
**NEUROPSYCHOLOGY & COGNITIVE HEALTH**  
1808 RICHARDS RD., SUITE 120  
BELLEVUE, WA 98005  
(425) 502-8341

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**INFORMED CONSENT CONTRACT for LEGAL/FORENSIC EVALUATIONS**

This Forensic Neuropsychological Evaluation is being conducted at the request of:

Sunshine Bradshaw

and is therefore somewhat different than other purely clinical services. It is important for you to understand how an evaluation requested by an attorney can differ from a purely clinical psychological or neuropsychological evaluation.

While the results of this evaluation may or may not be helpful to you personally, the goal of this evaluation is to provide information about how you are functioning neuropsychologically and psychologically to the individual or agency requesting the evaluation.

In most cases, this evaluation is intended for use in some type of a legal case. As such, the confidentiality of the evaluation and the results are determined by the rules of that legal system. If your attorney has requested this evaluation, he/she will receive a copy of my report and will determine how it is to be used and who has access to it.

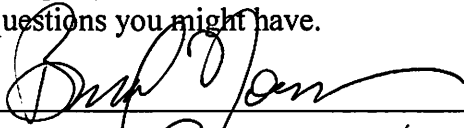
Normally, the results of this evaluation are protected by the attorney-client privilege. Exceptions to this might include a determination on my part that you are dangerous to another person or if you reveal information that a child has been abused. I would also have to release this information if a court orders me to do so. There may be other examples where the laws require me to release the information obtained during the evaluation. We will discuss these situations on a case-by-case basis.

Once a decision has been made to use the report in a legal proceeding, the report and any information pertaining to it will probably be admissible into evidence as well as any other information that was provided concerning your psychological and neuropsychological functioning. The raw data obtained during this evaluation is protected separately and will only be released to another qualified neuropsychologist. If you have any concerns about the use or distribution of my report, you should discuss these issues carefully with your attorney.

If someone other than your attorney requested the evaluation, that individual is my client and he/she has complete authority over the results, including whether or not any information will be released to you or to anyone else. In addition, because the evaluation was requested by another party, and is not for the purpose of treatment or counseling, the confidentiality may have fewer legal protections. I will not release the information unless instructed to do so by the person or entity that hired me or when I am legally required to do so.

Your participation in this evaluation is voluntary. I will not conduct the evaluation without your signature on this document. You also have the right to stop the evaluation at any time. **It is very important that you give your full and honest effort throughout the evaluation. If you do not do so, the evaluation may not be helpful to you, and can have a negative impact on your case.** There may be legal consequences if you stop the evaluation or do not put forth sufficient effort; therefore, it would be in your best interest to consult with an attorney before doing so. However, if you are unable to continue to the evaluation, we will make all efforts to schedule an additional appointment to return for completion. The evaluation itself consists of two separate parts: an oral interview and neuropsychological testing. The testing portion is typically quite lengthy and lasts a full day. In addition, it may be necessary for me to review other related materials such as court records, depositions, transcripts, medical records, etc.

If, at any time, you have a question about any aspect of the evaluation or these procedures, please feel free to ask me. In addition, if at any time you need a break from the evaluation, please let me know and we will stop. Once the evaluation is completed, and with the permission of the requesting party, I may be able to have a meeting with you to explain the results and answer any questions you might have.

I have read and agree to the above:   
Date: 1/26/26 Printed Name: BRAD NORMAN



[illegible]